

APPENDIX

REPORTING FORMS

INSTRUCTIONS FOR THE COMPLETION OF FORM 1 PERFORMANCE MEASURE TRACKING

General Instructions:

This form serves two purposes: to show performance measures with 5-year planned performance objective targets for the application, and performance indicator values actually achieved each year for the annual report for each performance measure. For both National and State measures, in the lines labeled “Annual Performance Objective,” enter a numerical value for the target the State plans to meet for the next 5 years. These values may be expressed as a number, a rate, or a percentage, as appropriate. For both National and State measures, in the lines labeled “Annual Performance Indicator,” enter the numerical value that expresses the progress that the State has made towards the accomplishment of the performance objective for the appropriate reporting year. This value is to be expressed in the same units as the performance objective, a number, a rate, or a percentage, as appropriate. Enter numerator and denominator data for the performance measures on the appropriate lines for the appropriate fiscal year.

Repeat this process for each performance measure. A continuation page is included for your convenience. The continuation page should be used only if there are more than four National performance measures and two State performance measures. If the continuation page is used, be sure to enter the number for each listed performance measure.

FORM 1
PERFORMANCE MEASURE TRACKING -- SECTION 510 ABSTINENCE EDUCATION PROGRAM

<u>PERFORMANCE MEASURE #1:</u>	FY2005	FY2006	FY 2007	FY2008	FY 2009
	<u>Annual Performance Data</u>				
The rate of pregnancy to female teenagers aged 15-17.					
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>PERFORMANCE MEASURE #2:</u>					
The proportion of adolescents who have engaged in sexual intercourse.					
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>PERFORMANCE MEASURE #3:</u>					
The incidence of youths 15-19 years old who have contracted selected sexually transmitted diseases.					
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

PERFORMANCE MEASURE TRACKING -- SECTION 510 ABSTINENCE EDUCATION PROGRAM

<u>PERFORMANCE MEASURE #4:</u>	<u>Annual Performance Data</u>				FY 2009
	FY2005	FY2006	FY 2007	FY2008	
The rate of births to female teenagers aged 15-17.					
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>PERFORMANCE MEASURE # :</u>					

Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>PERFORMANCE MEASURE # :</u>					

Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

(OPTIONAL CONTINUATION PAGE)
PERFORMANCE MEASURE TRACKING -- SECTION 510 ABSTINENCE EDUCATION PROGRAM

<u>PERFORMANCE MEASURE # :</u>	<u>Annual Performance Data</u>				
	FY2005	FY2006	FY 2007	FY2008	FY 2009

Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>PERFORMANCE MEASURE # :</u>					

Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
<u>PERFORMANCE MEASURE # :</u>					

Annual Performance Objective	_____	_____	_____	_____	_____
Annual Performance Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

INSTRUCTIONS FOR THE COMPLETION OF FORMS 2 AND 3 SECTION 510 ABSTINENCE EDUCATION PROGRAM

General Instructions:

The purpose of Form 2, Unduplicated Count of Clients Served, is to track and report the unduplicated number of clients served for each program year. Each client is counted only once. The purpose of Form 3, Total Encounters by Clients, is to track and report the total number of encounters that clients have received. If a client has received more than one encounter, the number of encounters that the client received should be reported on Form 3. The totals reported on Form 3 should be equal to or greater than the totals reported on Form 2.

Forms 2 and 3 should be submitted as part of the annual report. Complete each cell in Forms 2 and 3 for an unduplicated number and total encounters of clients served in all programs funded by this grant. If your State is implementing population-based services (media campaigns, conferences, etc.), make estimates from sample data or market surveys. If your State has programs for client education as well as population services, it may be more accurate to complete a separate Form 2 and Form 3 for each.

At the bottom of each form is a section for comments. Please use this area for further explanation of the data provided (i.e., media campaign, conference etc.)

**Department of Health and Human Services
Section 510 Abstinence Education Program**

State: _____

Fiscal Year: _____

**FORM 2
UNDUPLICATED COUNT OF CLIENTS SERVED**

Age in Years							TOTAL
	<10	10-14	15-17	18-19	20-24	>24	
<u>MALES</u>							
Non-Hispanic White							
Black							
Hispanic							
Others							
<u>FEMALES</u>							
Non-Hispanic White							
Black							
Hispanic							
Others							
TOTAL							

COMMENTS:

**Department of Health and Human Services
Section 510 Abstinence Education Program**

State: _____

Fiscal Year: _____

**FORM 3
TOTAL ENCOUNTERS BY CLIENTS**

Age in Years

	<10	10-14	15-17	18-19	20-24	>24	TOTAL
<u>MALES</u>							
Non-Hispanic White							
Black							
Hispanic							
Others							
<u>FEMALES</u>							
Non-Hispanic White							
Black							
Hispanic							
Others							
TOTAL							

COMMENTS:

INSTRUCTIONS FOR THE COMPLETION OF FORM 4 SECTION 510 ABSTINENCE EDUCATION PROGRAM

General Instructions:

The Department is responsible for reporting to Congress annually on the percent of communities with teen pregnancy prevention programs in place. To assist in this effort, each project must submit, in the annual report to the ACF, a list of cities or towns (as defined by the address where mail is received) it has served during the project year.

**Department of Health and Human Services
Section 510 Abstinence Education Program**

State: _____

Fiscal Year: _____

**FORM 4
COMMUNITIES SERVED**

Number of Communities Served: _____

CITY/TOWN	STATE